

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number
10/519289

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	27 minus 20 =	7
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	<input type="checkbox"/>	OR	OTHER THAN SMALL ENTITY
RATE	Fee		RATE
BASIC FEE		OR	BASIC FEE
			300
EXAM. FEE			EXAM. FEE
			200
SEARCH FEE			SEARCH FEE
			400
X \$ 125 =			X \$ 250 =
		OR	X \$ 50 =
X \$ 25 =			350
		OR	X \$ 200 =
X \$ 100 =			
		OR	+ \$ 360 =
+ \$ 180 =			
		OR	TOTAL
TOTAL			1250

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	Minus	**		=
Independent	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY	<input type="checkbox"/>	OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE		RATE
X \$ 25 =		OR	X \$ 50 =
		OR	X \$ 200 =
X \$ 100 =			
		OR	+ \$ 360 =
+ \$ 180 =			
		OR	TOTAL ADDIT. FEE
TOTAL ADDIT. FEE			

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	Minus	**		=
Independent	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ 25 =		OR	X \$ 50 =
		OR	X \$ 200 =
X \$ 100 =			
		OR	+ \$ 360 =
+ \$ 180 =			
		OR	TOTAL ADDIT. FEE
TOTAL ADDIT. FEE			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/519289

1 Date of Request:	2 Serial/Patent #		
3 Please refund the following fee(s):			
Filing	4 PAPER NUMBER 1	5 DATE FILED 12/21/04	6 AMOUNT \$ 100
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
Overpayment		Credit Deposit A/C #:	
Duplicate Payment		9 50-1379	
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>A. Johnson</u>		TITLE: <u>paralegal</u>	
SIGNATURE: <u>A. Johnson</u>		PHONE: <u>308-9140</u>	
OFFICE: <u>PCT</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B